

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551819

FILING DATE

03 JUN 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		0		/		
6		0		/		
7		0		/		
8	/			/		
9		1		/		
10		2		/		
11		0		/		
12		0		/		
13	/			/		
14		1		/		
15		2		/		
16		0		/		
17	/			/		
18		1		/		
19		2		/		
20	/			/		
21		1		/		
22		1		/		
23		1		/		
24		4		/		
25		0		/		
26	/			/		
27		1		/		
28		1		/		
29		3		/		
30		0		/		
31	/			/		
32		1		/		
33		1		/		
34		3		/		
35		0		/		
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44		0		/		
45		0		/		
46		0		/		
47		0		/		
48				/		
49						
50						
TOTAL IND.	7	↓	1	↓		↓
TOTAL DEP.	52	←	2	←		←
TOTAL CLAIMS	59		3			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY